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AUTHOR Erickson, William D.
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ABSTRACT

The paper reviews the literature on sexual delinquency in male and female adolescents and considers guidelines for effective intervention in nonspecialized treatment programs. A section on sexual delinquency in females touches on prostitution and incest, while a section on males notes the changing composition of the sexually delinquent population. A study of 40 male teenagers referred because of sexual misdeeds examined histories and data from intelligence and psychological testing. A strong association was found between sexual assaults on adults or older teenage girls and other serious antisocial behavior. Important programming components cited include sex education and instruction in interpersonal responsibility and respect for others. (CL)

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Sexual Behavior Disorders in Adolescents

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Delinquent sexual behavior has many causes, stemming from miscarriages of development, patterns of behavior learned in deviant homes, or part of a general antisocial orientation. The range of sexually delinquent behaviors is different for males than for females. Male adolescents are not considered delinquent because they are sexually active with a number of different partners. Teenage girls rarely molest young children, although child molesters make up a large proportion of male sexual delinquents. Many behaviors that are sexual or have sexual connotations, such as cross dressing, are not considered delinquent since they do not involve or endanger anyone else.

The number of special treatment programs for sexual delinquents is increasing, although there is little objective evidence that sexual delinquents are sufficiently different from nonsexual delinquents to warrant special programming. This paper will review the literature on sexual delinquency, present some new data on the relationship between sexual and nonsexual misconduct in males, and suggest general guidelines for effective intervention with them in nonspecialized treatment programs.

Sexual Behavior Disorders in Female Adolescents

Sexual misbehavior by adolescent girls consists almost exclusively of contact with males who are willing participants. Although increased sexual permissiveness has dramatically altered operational definitions about sexual misconduct among girls, a double standard still exists. Girls, not boys, are arrested because of "immoral companions" (Johnson & Oleisky, 1980). There are significant differences between the sexes in patterns of sexual misbehavior. There is no element of force or coercion of the sexual partner in the initiation of sexual contact by females, as there may be with males. Aside from the fact that force is unlikely to be necessary, there are innate differences in sexual and aggressive behavior which make violent sexual assaults unheard of in females. Females are much less likely than males to become sexually aroused by pornography, fantasy (Miller & Simon, 1980), or suggestive social situations. The likelihood of acting violently in response to sexual frustration is common among male offenders, but is almost certainly dramatically less in females, though there is little documentation.

While many delinquent girls have various problems in sexual behavior, the only distinctive form of sexual delinquency for female adolescents is prostitution. The onset of prostitution is usually during middle to late adolescence (Maerov, 1965). The complex motivations of teenage prosti-

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tutes are poorly understood. Early analytic writers stressed neurotic aspects, specifically the acting out of Oedipal conflicts and the need to defy parental standards (Glover, 1960). The role of masochism and the high suicide rate in this group has also been noted (Greenwald, 1970). Family studies have shown that separation from parents, gross neglect, child abuse, and incest are common antecedents (Maerov, 1965), though it is unlikely that they are specific to prostitution.

Incest has many potential consequences. Sexual dysfunction and frigidity are more common than promiscuity or prostitution (Meiselman, 1978). Prostitution following an incestuous experience is typified by an early age of beginning sexual intercourse and by a history of being rewarded for sex (James & Meyerdig, 1977). Emotionally supportive bonds to sexually abusive parents are unlikely, and patterns of rewarded sexual contact without emotional intimacy are perpetuated.

Sexual Behavior Disorders in Male Adolescents

Early literature on delinquency in male adolescents did not discuss sexual misdeeds in relation to other antisocial behavior, with few exceptions. The Gluecks' (1950) study of 500 delinquents, for instance, did not mention sexual behavior at all. It was generally accepted that sexual misdeeds were somehow different from other delinquent behavior, were unlikely to be repeated, and that good outcomes could be expected for boys whose only misbehavior was sexual (Atcheson & Williams, 1954; Doshay, 1943).

Professional literature, like popular folklore, tended to divide sexual delinquents into two groups. Violently aggressive or frankly psychotic boys were considered dangerously disordered and in need of confinement. Less violent acts were seen as the result of misguided curiosity or neurotic conflicts by boys who could be expected to gain better control of themselves with time and some help (Doshay, 1943; Maclay, 1960). Constitutional inferiority and the effects of disturbed family relationships, especially with mothers, have also been invoked as explanations for sexual misbehavior by adolescent males. The Cambridge-Somerville study, McCord, McCord, and Verden (1966), described the mothers of adolescent sex offenders as sexually anxious and authoritarian, promoting dependency, and covertly stimulating their sons. Fathers were described as punitive, promiscuous, and often absent. Karpman's (1954) descriptions of the parents of adult sex offenders is very similar. Several authors have noted the frequency of early sexual contact with adults and the importance of early exposure to sexual perversion in their juvenile offenders (McCord et al., 1966; Shoor, Speed, & Bartelt, 1966; Szurek, 1954).

These early psychodynamically oriented reports were not followed by more empiric studies until the recent studies by Lewis, Shanok, and Pincus (1979) that indicate few discernible differences between violent juvenile sexual assaulters and violent nonsexual assaulters. Especially violent male adolescents in both groups were more likely to have been severely abused by family members, and to have witnessed violence. They also had more neurological and psychiatric signs of impairment than their less aggressive peers. Of the child molesters reported by Shoor et al. (1966), 62% were noted to have had previous nonsexual delinquency records.

Early prognostic statements that boys with only sexual psychopathology had good outcomes (Doshay, 1943) were based on populations that included large numbers of teenagers arrested because of apparently

consenting relationships with males or females their own age. Of Markey's (1950) male subjects, 52% had been arrested for homosexual behavior with another consenting adolescent or adult. These youths are no longer prosecuted and have largely disappeared from court psychiatric clinics, leaving a very different cohort of offenders than those who formed the basis for such optimistic comments.

The Relationship Between Sexual and Nonsexual Delinquency in Adolescent Males

Since the makeup of sexually delilnquent adolescent populations has changed with changing responses to homosexual behavior, and since empirical data suggest strongly that at least some sexual offenders are not dramatically different from nonsexual delinquents, a closer look at their characteristics appeared to be in order. An opportunity to take such a look occurred in the author's practice.

Between 1978 and 1980 we evaluated 40 teenage males referred because of some sexual misdeed. Detailed histories were obtained from the clients, their parents, and from social workers and probation officers. Intelligence and psychological testing was done, and all clients participated in a 60-day inpatient program of intense personal and group therapy. At the end of this time, recommendations were made to the individuals, their families, and the court as to optimal further treatment and the likelihood of future offenses.

Information on the nature of the index sexual offense, past similar offenses, and personal characteristics of the clients was gathered and analyzed to determine characteristics of each type of offender; i.e., a profile of adolescent rapists, child molesters, or exhibitionists, and the likelihood and characteristics of their nonsexual delinquent behavior.

Of the 40 index offenses, 19 were sexual assaults on adolescent or adult females. Most of the victims were strangers, and some form of force or coercion was used in each case. Nine youths molested male children and six molested female children. No force was used in these cases, though many victims were frightened. Three youths were referred because of incestuous relationships with their younger sisters. Two clients had histories of sexual exposure, and one was evaluated because of repeated inappropriate touching of girls in public places. A previous history of sexual misbehavior was present in 65% of the cases.

Three youths were schizophrenic. One had auditory hallucinations and systematized paranoid delusions. The other two showed severe cognitive disorganization, poor reality testing, and delusional thinking. Physical handicaps included severe visual impairment in one case, a badly crippled hand in another, and two youths had significant nonfocal neurological findings with severe perceptual and learning disability.

Of adolescents whose present offense was against females their own age or older, 63% had committed a prior sexual offense and were also likely to have past histories of other, nonsexual, antisocial behavior. Their previous and present victims were female. None showed signs of major mental illness and none had a physical handicap. They were somewhat older with an average of 16.9 years, compared to an average of 15.4 years for those whose victims were younger than themselves.

Among the molesters of children, there were distinctive differences between offenders against male and female children. Two of the nine molesters of male children were schizophrenic and all were repeaters of

the same act. Only two of the six molesters of female children had previously committed the same offense, and they were more likely to have a handicap. There was no evident relationship between sibling incest, exhibitionism, or groping and any other variable.

Discriminant function analysis, using the index offense as the dependent variable, indicated that either the history of nonsexual delinquency or a previous sexual offense against an adolescent or older female predicted that the present offense would be against an adolescent or adult female 85% of the time. The number of subjects in the other offense categories is too small for statistical analysis. We have, however, studied similar data on 340 adult male sex offenders and found exactly the same strong association between rape and nonsexual felony convictions, with much less clear associations for other offenses.

Among these youths one distinct group was apparent, consisting of older teenagers with well-established delinquent histories, who sexually assaulted girls and women near their own age. Many of these boys are likely to be diagnosed as having antisocial personalities in adult life (Gersten, Langner, & Eisenberg, 1976; Morris, Escoll, & Wexler, 1956; Robins, 1966). The remainder had various physical and psychiatric handicaps, and they were quite unlikely either to choose a victim near their own age or to use much violence. A past history of sexual misbehavior was frequent for all types of offense except sibling incest.

Reports of low recidivism rates for sexual delinquency in earlier studies appear to have been influenced by case selection, very brief follow-up periods, failure to note that the index offense was itself a repeat offense, and by the inclusion of youths involved in consenting relationships with age-mates. The results of this study resemble more closely the findings of Gebhard, Gagnon, Pomeroy, and Christenson, (1965), and Amir (1971) regarding adult sex offenders. Gebhard studied 1,551 offenders and found that from 23% to 44% of aggressive offenders had records of prior convictions for sex offenses, as did 35% of molesters of male children, and 19% of exhibitionists. Of his sexual aggressors against women and girls, 55% had juvenile arrest records, compared to 20% of molesters of male children, 13% of molesters of female children, and 13% of exhibitionists. Amir found that 41% of rapists had previously been arrested for crimes against property and 43% for crimes against persons.

The strong association that was found between sexual assaults on adults or older teenage girls and other serious antisocial behavior lends some credence to the concept of rape as an aggressive rather than exclusively a sexual act. These individuals had documented histories of violent behavior and their sexual assaults were often committed when they were frustrated or angry. The amount of actual physical violence occurring in any sexual offense is more often determined by the size and resistiveness of the victim than by gratuitous sadism. When there is a discrepancy between the size of the offender and his victim, as often occurs in adolescence, intimidation is usually sufficient. The value of discriminations based on the use of physical violence are therefore somewhat debatable. The age of the victim relative to the teenage offender and the offender's past delinquent history are more heuristic measures.

We doubt that the physical and sexual abuse of these boys by their parents are experiences peculiar to sexual offenders. Sexually provocative relationships with abusive parents are found frequently in the life

histories of both male and female sexual delinquents, incest and physical abuse being common childhood experiences of prostitutes (James & Meyerdig, 1977; MacVicar & Dillon, 1980). Absence of information about sexual abuse in psychiatric reports of nonsexual criminal populations (Gibbens, 1957; Guze, Goodwin, & Crane, 1969) is more likely due to failure of investigators to inquire.

Inevitable future development and life changes among younger adolescents make long-term prediction of their outcomes generally unwise. However, follow-up studies of aggressive behavior disorders which persist into the late teen years (Gersten et al., 1976; Morris et al., 1956) are quite uniform in their finding that prognoses are poor, with very high likelihood of antisocial outcome. We would infer from this a higher probability of future aggressive sexual offenses for the older subjects who assaulted females their own age or older, but only as one of a number of violent antisocial acts. The boys who had molested female children appeared to have the greatest capacity for psychological growth, despite their physical handicaps. This finding might suppport a cautious prediction of more benign outcome for boys who molest young girls, especially first time offenders.

Intervention

Adolescent treatment programs are often reluctant to accept male sexual delinquents, and there is a recent trend toward the provision of specialized programs for them. There is little that is unique about sexual delinquents, male or female. Arguments in favor of specialized programs must be based on the inadequacy of regular programs in dealing with sexual matters.

Specific treatment programs for male adolescent sex offenders take a variety of approaches that aim to increase self-expression, raise levels of sexual knowledge, change patterns of thinking, and increase a sense of responsibility for one's own behavior (Knopp, 1982). Follow-up studies to assess the effect of such treatment on recidivism rates are not yet available.

Teenagers with sexual problems can ideally be integrated into already existing programs for troubled adolescents, since their treatment needs are much the same. This integration is sometimes handled poorly, especially in coeducational settings. Education of staff about the relationships between sexual behavior and other aspects of personality, and the development of intervention skills in this area will greatly increase a program's willingness to include these youths.

Important programming components that relate to the treatment needs of sexual delinquents include sex education, increasing appropriate social skills, and teaching interpersonal responsibility and respect for others' feelings and privacy. None of these are in any way different from the treatment needs of nonsexual delinquents. Adolescent sex offenders tend to be quite guarded and make much use of denial. Early discussions of their sexual misdeeds are more likely to be successful if they take place one-to-one with a male staff person who is well-trained and comfortable with taking a detailed sexual history. This focus on detailed sexual history seems to demystify sexual issues and begins the process of accepting responsibility for one's own sexual behavior.

Early stages of treatment, especially for boys, are facilitated by the opportunity to air their feelings with others with similar problems and with

male staff. These youths become severely anxious discussing sexual issues in the presence of female peers or staff. Premature efforts to discuss sexual issues in coeducational groups are likely to increase resistance rather than facilitate growth.

Adolescent prostitutes are often included in programs for incest and sexual assault victims. While these programs will address some aspect of their treatment needs, there is risk of intensifying their sense of victimization and ignoring the conduct-disordered aspects of their behavior.

Sexually provocative girls create tension and conflict in treatment programs, raising anxiety among their peers, and stimulating intense reactions in staff. Potentially explosive situations can only be handled with care and training (McNeil & Morse, 1964; Erickson & Realmuto, in press).

Advice about contraception, abortion, adopting, and childcare must be readily available and presented with a supportive attitude. To the disturbed adolescent, sexual intercourse often symbolizes maturity, and with it, freedom from punitive and coercive parental demands. Because of this, the concern of adults about contraception and pregnancy planning is often interpreted as just another parental demand, countered by denial and defiance. Contraceptive advice to male adolescents is too often forgotten, and should be an integral part of adolescent treatment programs

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William D. Erickson, Assistant Professor, Department of Psychiatry, University of Minnesota School of Medicine, Minneapolis, Minnesota 55455